

Prescription Drug Benefit Manual
PDP Guidance - Eligibility, Enrollment, & Disenrollment
Summary of Updates - August 2010

Chapter Section	Update
Throughout Document	<ol style="list-style-type: none"> 1. General typos/edits, syntax, verb tense changes, etc. 2. Changed section references where appropriate due to new or changed section numbers 3. Added references to new model correspondence where appropriate 4. Revised text, where necessary, to clarify requirements for enrollments between PBPs offered by the same parent organization 5. Majority of section numbers have changed, due to addition of new definitions section (§10 - see below) 6. Removed references to the Open Enrollment Period (OEP) 7. Added new AEP dates where appropriate when referencing the AEP 8. Removed references to the Part D Payment Demonstration 9. Changed references to Part D coverage demonstration to Limited Income NET (LINET) where applicable
TOC	<ol style="list-style-type: none"> 1. Changed to reflect changes to section numbers as well as section deletions and additions 2. Changed to reflect revised page numbers
10	New section added to consolidate definitions previously found throughout chapter
20	Added new signifier for eligibility
20.3	Allowed use of short enrollment form for PBP changes under same parent organization rather than Part D sponsor.
20.4	Added reference to Chapter 12 of the Medicare Prescription Drug Benefit Manual
20.5	Added information regarding factors to be taken into account for CMS-directed enrollee movements
30	Added clarification of enrollment actions available in an SEP
30.3	<ol style="list-style-type: none"> 1. Inserted references to Medicare Advantage Disenrollment Period (MADP; per the Affordable Care Act) in place of references to obsolete OEP 2. Added new question to chart listing example questions to ask when determining election period
30.3.1	Changed time limit for being out of a plan's service area to 12 months
30.3.4	Changed Non-renewal SEP such that enrollments made using this SEP on December 31 or earlier can only be effective for January 1 rather than the first of the month following the plan's receipt of the request

30.3.8, #3	1. Clarified SEP start date and removed November 1 as possible enrollment effective date 2. Clarified that only enrollment requests received in January will have an effective date of February 1
30.3.8, #8	1. Changed item D to SEP to correlate with new MADP 2. Removed item E as MA OEP NEW is no longer available as of January 1, 2011) 3. Redesignated subsequent items to account for removal of item E.
30.2.8, #10	Clarified that beneficiary may use LINET for retroactive months
30.4	Clarified enrollment effective date determination for beneficiaries eligible for more than one election period
40	1. Removed references to weekly and monthly TRR 2. Clarified prohibition on accepting AEP enrollment requests prior to November 15th 3. Clarified that plan premium is not required on the enrollment mechanism unless it is part of plan name
40.1.2	Clarified that enrollment records must be easily and accurately reproducible
40.1.3	1. Clarified that inbound call for telephonic enrollment must be by beneficiary or beneficiary's rep without presence of a plan representative of any sort 2. Added requirement for tracking mechanism (telephonic enrollment) 2. Clarified that scripts for plan-to-plan enrollments may be based on model short enrollment form 3. Clarified that audio recording must include attestation by authorized representative, if applicable
40.1.4	1. Indicated CMS will not auto/facilitate enroll beneficiaries into PDPs that volunteer to wave de minimis 2. In subsection D, item #1 clarified responsibilities of current PDP regarding coverage of uncovered months 3. In subsection G, clarified request to opt out can be verbal instead of in writing
40.1.5	1. Indicated CMS will not auto/facilitate enroll beneficiaries into PDPs that volunteer to wave de minimis 2. In subsection B, added a new criterion for a PDP to lose LIS beneficiaries in the reassignment process 3. In subsection B, added new item #1 indicating process for volunteering for de minimis 4. In subsection C, clarified reassignment process 5. In subsection C, described possibility and mechanism for a second reassignment by CMS 6. In subsection D, added language indicating that CMS will notify reassigned beneficiaries of formulary differences 7. In subsection G, further clarified reassignment when there is no benchmark PDP offered by same sponsor in the region
40.1.6	Revised text to emphasize responsibilities of employer/union and PDP sponsor for use of group enrollment mechanism
40.1.7	Revised text to emphasize responsibilities of PDP sponsor when enrollments are received from SPAPs

40.2	Clarified that PDP sponsor should contact beneficiary only when missing but required information cannot be obtained from CMS systems
40.2 G	Clarified that PDP sponsor representative must clearly indicate, rather than sign, his/her name on enrollment form under certain circumstances
40.2 I	Removed information regarding determination of application date, as this has been moved to the new definitions section
40.2 L	Added Railroad Retirement Board (RRB) as premium withhold option
40.2.2	<ol style="list-style-type: none"> 1. Clarified when enrollment request should be considered incomplete 2. Clarified time frame for receipt of missing but required information 3. Added language allowing plans to optionally exempt dual eligible and LIS beneficiaries from the requirement to pay outstanding premiums before an enrollment request is considered complete 4. Added examples explaining what to do when information is missing from an enrollment request
40.2.3	Clarified plan responsibilities when denying an enrollment request for being incomplete
40.3	Clarified impact of CMS “down days” in calculation of enrollment transmission timeliness requirement
40.4	Clarified that PDP sponsors may issue notifications based on receipt of Batch Completion Summary Status (BCSS) file
50.2.1.3	Clarified requirement in light of receipt of TRCs 011 and 016
50.2.1.6	<ol style="list-style-type: none"> 1. Clarified notice and transaction submission requirements for disenrollments due to moves out of service area 2. Added text to encourage PDP sponsors to follow up with members during grace period
50.2.3	Clarified MAO responsibility when date of death post-dates the effective date of enrollment
50.3.1	Removed optional notification requirements for disenrollment for failure to pay premiums based on the new minimum grace period of two months.
50.4.2	Clarified time frame for receipt of missing but required information
60.1.1	<ol style="list-style-type: none"> 1. Clarified that, if necessary, cancellation requests should be sent to CMS retroactive processing contractor and not to the CMS regional office 2. Added guidance for enrollment cancellations received after enrollment effective date as a result of outbound enrollment verification 3. Added footnote regarding proposed cancellation transaction
60.2	<ol style="list-style-type: none"> 1. Added “plan error” as a possible reason for reinstatement 2. Clarified that reinstatements do not require election periods 3. Clarified sponsor responsibilities in the case of retroactive action due to plan error

60.2.2	Removed requirement that request for reinstatement be in writing; added that PDP sponsors must accept and document verbal request for reinstatement
60.3	Clarified sponsor responsibilities in the case of retroactive action due to plan error
60.4	Clarified sponsor responsibilities in the case of retroactive action due to plan error
Appendix 1	1. Added entries for new exhibit 11a 2. Added clarification of timeframe for Exhibit 29
Appendix 2	Clarified that listing of plan selections must be clear and each entry distinctive
Exhibit 1a	Added a selectable option to account for plan closures
Exhibit 6	Added a selectable option to account for request being made by unauthorized representative
Exhibit 8	1. Deleted redundant text 2. Added text indicating beneficiary can disenroll by calling 1-800 MEDICARE
Exhibit 9	Added text indicating beneficiary can disenroll by calling 1-800 MEDICARE
Exhibit 10a	Clarified beneficiary's responsibilities if disenrollment was incorrect
Exhibit 11a	New Exhibit: Model Notice to Request Information (Disenrollment)
Exhibit 17 & 18	Revised to remove mention of written request for reinstatement
Exhibit 21	Deleted redundant text
Exhibit 22	1. Deleted redundant text 2. Clarified the timeline that the individual receiving the notification has to cancel the enrollment request
Exhibit 24	Added language advising beneficiary of what to do if paid for drugs prior to start of coverage
Exhibit 25	Added language advising beneficiary of what to do if paid for drugs prior to start of coverage